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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/EP04/06550 06/17/2004

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## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

ITALY MI2003A001388 07/08/2003

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## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/21/2006

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature 	Initials cc		

## ADDRESS

00466

## TITLE

Herbal compositions for the treatment and prevention of prostate disorders

<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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